IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF WEST VIRGINIA FILED

Richard A. Smith Jr.	AUG - 3 2020	
<u>LD. 03666 = 087</u> Your full name	U.S. DISTRICT COURT-WVND WHEELING, WV 26003 FEDERAL CIVIL RIGHTS COMPLAINT (BIVENS ACTION)	
v. <u>CO Sines Hospital Transport Officer</u> <u>CO[#]/ Hospital Transport Officer</u> <u>CO[#]/ Hospital Transport Officer</u>	Civil Action No.: 5:20-cv-154 (To be assigned by the Clerk of Court) Bailey Mazzone Blalock	

I. <u>JURISDICTION</u>

Enter above the full name of defendant(s) in this action

This is a civil action brought pursuant to <u>Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics</u>, 403 U.S. 388 (1971). The Court has jurisdiction over this action pursuant to Title 28 U.S.C. §§ 1331 and 2201.

II. PARTIES

In Item A below, place your full name, inmate number, place of detention, and complete mailing address in the space provided.

A. Name of Plaintiff: Richard A. Smith Jr. Inmate No.: 03666-087

Address: Federal Correctional Institution, Hazelton, P.O. Box

5000, Bruceton Mills, W. Va. 26525

In Item B below, place the full name of each defendant, his or her official position, place of employment, and address in the space provided.

B.	Name of Defendant: <u>CO Sines</u>
	Position: Federal Corrections Officer
	Place of Employment: FCI Hazelton
	Address: P.O. Box 5000, Bruceton Mills, W.Va. 26525
	, , , , , , , , , , , , , , , , , , ,
	Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? Yes □ No
	If your answer is "YES," briefly explain: First Officer I met was Searched by before Transported to Hospital
	was Searched by before Transported to Hospital
B.1	Name of Defendant: <u>Name unknown at this Point-CO John Doe No.!</u> Position: <u>Federal Corrections Officer-Transport for Medical</u> Place of Employment: <u>Federal Complex</u> , <u>Horzelton</u> Address: <u>P.O. Box 5000 Bruceton Mills</u> , W.Va. 26525
	ridaress. 1.0, pox 3000 procept with, wiver 26325
	Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? ✓ Yes No
	If your answer is "YES," briefly explain: Officer transported me from hospital, refused to get shoes from RrD had me walk from Outside Institution to Medical in Stacking feet knowing that I was recovering from Pneumonic
	me from hospital, refused to get shoes from RiD
	had me walk from Outside Institution to Medical in
	Stocking feet knowing that I was recovering from Pheumonic
B.2	Name of Defendant: Name unknown at this point (O John Doe No.2) Position: Federal Corrections Officer-Transport for Medical Place of Employment: Federal Complex, Itazelton Address: P.O. 5000, Bruceton Mills, W.Va. 26525
	Address: P.O. 5000 Bruceton mile Wile 26525
	rice society street, we well we say
	Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? Yes □ No

	iswer is "YES," briefly explain: Officer transported ospital, refused to get shoes from R+D, had me outside Institution to Medical in my stocking that I was recovering from Pneumonia
Name of	Defendant:
Position:	
Place of I	Employment:
Address:	
	Defendant acting under the authority or color of federal stime these claims occurred? Yes No
If your an	swer is "YES," briefly explain:
Name of l	Defendant
Name of I	Defendant:
Position:	
Position: Place of E	Employment:
Position: Place of E	
Position: Place of E Address: Was this I	Employment: Defendant acting under the authority or color of federal s
Position: Place of E Address: Was this 1	Employment:
Position: Place of E Address: Was this l law at the	Employment: Defendant acting under the authority or color of federal s

В.5	Name of Defendant:Position:
	Place of Employment:Address:
	Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? □ Yes □ No
	If your answer is "YES," briefly explain:
III. <u>PLA</u>	CE OF PRESENT CONFINEMENT
Name of Pr	ison/Institution: F.C.I Hazelton, P.O. Box 5000, Bruceton Mills, W.da. 2652!
A.	Is this where the events concerning your complaint took place? Yes □ No
	If you answered "NO," where did the events occur?
В.	Is there a prisoner grievance procedure in the institution where the events occurred? ✓ Yes ✓ No
C.	Did you file a grievance concerning the facts relating to this complaint in the prisoner grievance procedure? Yes □ No
D.	If your answer is "NO," explain why not:
E.	If your answer is "YES," identify the administrative grievance procedure number(s) in which the claims raised in this complaint were addressed

and state the result at level one, level two, and level three. <u>ATTACH</u> <u>GRIEVANCES AND RESPONSES:</u>

LEVEL 1 Filed BP 8-Tried to make this a tast Claim

LEVEL 2 Filed BP 9-refused to respond, Stamped date and returned

LEVEL 3 Filed BP 10-refused to respond, Stamped date and returned

IV.	PREVIOUS LA	AWSUITS AND	ADMINISTRA	ATIVE REMEDIES

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?
- B. If your answer is "YES", describe each lawsuit in the space below. If there is more than one lawsuit, describe additional lawsuits using the same format on a separate piece of paper which you should attach and label: "IV PREVIOUS LAWSUITS"

Parties to this previous lawsuit:				
Plaintiff(s):				
Defendant(s):				
Court: (If federal court, name the district; if state court, name the county)				
Case Number:				
Basic Claim Made/Issues Raised:				
Name of Judge(s) to whom case was assigned:				
Disposition:				
Approximate date of filing lawsuit:				

	8. Approximate date of disposition. Attach Copies: <u>Sept. 8, 2019</u>
C.	Did you seek informal or formal relief from the appropriate administrative officials regarding the acts complained of in Part B? Yes □ No
D.	If your answer is "YES," briefly describe how relief was sought and the result. If your answer is "NO," explain why administrative relief was not sought. Filed all paperwork, and at one point I was iformed that nothing was going to happen, you take us to count Guote
E.	Did you exhaust available administrative remedies? Yes □ No
F.	If your answer is "YES,", briefly explain the steps taken and attach proof of exhaustion. If your answer is "NO," briefly explain why administrative remedies were not exhausted. Filed BPB-Unit Manager tried to make claim a text Claim BP-9 - no relief or response, Worden refused to answer BP-10-Informed that I didn't include 9, which I had done, refused to respond, stamped 2 dectes refused to respond, BP-11 Filed to Reighon stamped and sent back
G.	If you are requesting to proceed in this action <i>in forma pauperis</i> under 28 U.S.C. § 1915, list each civil action or appeal you filed in any court of the United States while you were incarcerated or detained in any facility that was dismissed as frivolous, malicious, or for failure to state a claim upon which relief may be granted. Describe each civil action or appeal. If there is more than one civil action or appeal, describe the additional civil actions or appeals using the same format on a separate sheet of paper which you should attach and label "G. PREVIOUSLY DISMISSED ACTIONS OR APPEALS"
	1. Parties to previous lawsuit:

		Plaintiff(s): //
		Defendant(s):
	2.	Name and location of court and case number:
		- MA
	3.	Grounds for dismissal: □ frivolous □ malicious □ failure to state a claim upon which relief may be granted
	4.	Approximate date of filing lawsuit://
	5.	Approximate date of disposition:
acjenaani	did to	RIEFLY as possible, the <u>facts</u> of your case. Describe what <u>each</u> violate your constitutional rights. You must include allegations of
specific w. Include als legal argui claims, yo UNRELAT ADDITIO	rongfuso the soments of ments of must on must on must on the control of the contr	violate your constitutional rights. You must include allegations of al conduct as to EACH and EVERY defendant in the complaint. In the complaint and set of other persons involved, dates, and places. Do not give any or cite any cases or statutes. If you intend to allege a number of related st number and set forth each claim in a separate paragraph. ILAIMS MUST BE RAISED IN SEPARATE COMPLAINTS WITH FILING FEES. NO MORE THAN FIVE (5) TYPED OR TEN (10) SED PAGES MAY BE ATTACHED TO THIS COMPLAINT. (LR PL
specific w. Include als legal arguiclaims, you UNRELA' ADDITION NEATLY I 3.4.4)	rongfu so the i ments c ou mus TED C NAL F PRINT	violate your constitutional rights. You must include allegations of all conduct as to EACH and EVERY defendant in the complaint. In the complaint of the persons involved, dates, and places. Do not give any for cite any cases or statutes. If you intend to allege a number of related st number and set forth each claim in a separate paragraph. ILAIMS MUST BE RAISED IN SEPARATE COMPLAINTS WITH FILING FEES. NO MORE THAN FIVE (5) TYPED OR TEN (10)

Case 5:20-cv-00154-JPB-JPM Document 1 Filed 08/03/20 Page 8 of 11 Page D #: A to medical inside Institution, mude to strip before arriving at thospital, refused to supply shoes. CLAIM 2: _____ Supporting Facts: CLAIM 3: _____ Supporting Facts: CLAIM 4: _____ Supporting Facts:

CLA	AIM 5:	
	Supporting Facts:	
VI.	INJURY	
exact Delil Waite Medic in so evalu not so Itosyite VII.	Describe BRIEFLY and SPECIFICALLY how you have been injured a cot nature of your damages. iberate Indifference-No Sick call at a level 3 per Tederal Medical Facility and 2 hours with presument with no treatment, strip searched before being scal Transferred by an ambulance (an Emergency), Forced to walk without ocks across compound when just released from Hospital (with Pneumonia), no wation not prescription given for 5 days (Davdered) with holding physician excless scen by physician for 5 days after hospital released me (should have been within 26 tul Poctor prescribed 2 medications given I with wrong dose, never recieved Poctors prescribed 2 medications given I with wrong dose, never recieved Poctors prescribed.	
Force be co	State BRIEFLY and EXACTLY what you want the Court to do for you. no legal arguments. Cite no cases or statutes. E Institution to have protocol for Officers transporting immates to and from compensated for chamages for deliberate indifference (pecunary Damages	
	,	
United i	d States District Court 15 Northern District of West Virg	<u></u>

Case 5:20-cv-00154-JPB-JPM Document 1 Filed 08/03/20 Page 9 of 11 PageID #: 9

DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty of perjury that he/she is the plaintiff in the above action, that he/she has read the above complaint and that the information contained in the complaint is true and accurate. Title 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Executed at $\frac{FCI}{FCI}$ Huzelfon on $\frac{5-9-20}{\text{(Date)}}$ (Date)

Your Signature

Attachment E

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF WEST VIRGINIA

FOR THE NORTHERN DI	STRICT (OF WEST VI	RGINIA
Richard A. Smith Jr.		FILED	
# 03666-087		AUG - 3 2020	· x
Your full name	U.S. DI	STRICT COLIRT ME	VND
	VV 111	EELING, WV 26003	3
v.	Ci	vil Action No.	: 5:20- w-154
CO Sines Medical Transport			
CO Sines Medical Transport CO John Doe I, Medical Transport			
CO John Doe 2, Medical Transport			
Enter above the full name of defendant(s) in this ac	ction		
Certifica	ite of Servi	ce	
I, Richard A. Smith Jr. (your	r name here), appearing <i>pr</i>	o se, hereby certify that
I have served the foregoing <u>Civil Action</u>	n Suit		(title of document
being sent) upon the defendant(s) by deposi	ting true co	pies of the sar	ne in the United States
mail, postage prepaid, upon the followin	g counsel	of record fo	r the defendant(s) on
(insert date here):			
(List name and address of counsel for	r defendent	(c))	
Counsel for Defendants	i defendant	(3))	
7		1000	<i>/ /</i>
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	(818	gn your name)) <i>'</i>

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